FORM D

SEC 1972 (6/02):

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D(

OCT 2 8 2004

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION DES
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



SEC USE ONLY
Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate	change.)
LLC Unit Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)
Hertz Brazil Farm Fund Limited Liability Company	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
415 South 11 th Street, Box 500, Nevada, Iowa 50201-0500	(515) 382-1500
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	() PROCECE
Brief Description of Business	2
Establish and manage a farming operation in the country of Brazil.	WOV 0 1 2004
Type of Business Organization	Z
☐ corporation ☐ limited partnership, already formed ☐ □	other (please specify): THOMSON E
business trust limited partnership, to be formed Li	imited liability company FINANCIAL
Month Year	
Actual or Estimated Date of Incorporation or Organization: [0] [5] [0] [4]	🛛 Actual 🔲 Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre	viation for State:
CN for Canada; FN for other foreign jurisdiction)	[I][A]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A, BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or securities of the issuer;	more	of a class of equity
• Each executive officer and director of corporate issuers and of corporate general and managing partners of p	artner	rship issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director		General and/or Managing Partner
Full Name (Last name first, if individual)		
Brown, Loyd A.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
PO Box 500, Nevada, IA 50201-0500		
Check Box(es) that Apply: ☐ Beneficial Owner: ☐ Executive Officer ☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)	ş. i.	
Hertz, Randall V.		
Business or Residence Address (Number and Street, City, State, Zip Code)	2.52	
PO Box 500, Nevada, IA 50201-0500		
Check Box(es) that Apply:		General and/or Managing Partner
Full Name (Last name first, if individual)		
Rebhuhn, James M.		
Business or Residence Address (Number and Street, City, State, Zip Code) PO Box 50, Mt. Vernon, IA 52314-0050		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual) Bidner, Brent R.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
PO Box 467, Monticello, IL 61856-0467		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director		General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director		General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENTIF	ICATION DATA		
2. Enter the information requ	ested for the follo	owing:			
 Each promoter of the 	issuer, if the issu	er has been organized wit	hin the past five years;		
 Each beneficial own securities of the issue 	er having the pover;	wer to vote or dispose, or	direct the vote or dispos	ition of, 10% or m	nore of a class of equity
 Each executive offic 	er and director of	corporate issuers and of c	orporate general and mana	iging partners of pa	rtnership issuers; and
Each general and ma	naging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		,		
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Coo	ie)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		·		
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business of Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

2 of 8 (Duplicate if Needed)

		Fag to the		B. IN	FORMAT	ION ABO	OUT OFF	ERING				
											Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							🖂					
			Ans	wer also i	n Appendi	x, Columi	2, if filin	g under U	LOE.			
2. What is	the minim	um invest	ment that	will be ac	cepted from	m any ind	ividual?	• > • • • • • • • • • • • • • • • • • •			\$ 25	5,000*
*The I	*The Issuer reserves the right to accept lesser amounts.							Yes	No			
3. Does the	e offering	permit joi	nt ownersh	nip of a sin	ngle unit?		•••••	••••••			🛛	
offering and/or v associat	sion or sir If a perswith a state ed persons	nilar remison to be or states of such a	uneration this ted is an artist the number of the broker or	for solicit a associate ame of the dealer, yo	ation of poor ed person e broker o	urchasers or agent c r dealer.	in connect of a broker If more th	tion with or dealer an five (5	sales of se registered persons t	ecurities in with the to be listed	the SEC lare	
Full Name	(Last name	e first, if i	ndividual)									
NONE Business or	. Decidence	a Address	Number	and Street	City Sto	ta Zin Co	da)					
Dusiness of	Residence	e Address	(Nullibel	and Sueet	, City, Sta	ie, zip co	de)					
Name of A	ssociated I	Broker or	Dealer			,						
States in W	hich Perso	n Listed l	Has Solicit	ed or Inte	nds to Soli	cit Purcha	sers					
(Check "A	All States"	or check	individual	States)				•••••				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	e first, if i	ndividual)		•		,					
Business or	r Residence	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)		· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			·							
Name of A	ssociated I	Broker or	Dealer			v						
States in W	hich Perso	n Listed l	Has Solicit	ed or Inte	nds to Soli	icit Purcha	isers			, , , , , , , , , , , , , , , , , , , ,		
•	All States"		individual					•••••				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT] ·	[VA]	[WA]	[WV]	[WI]	[WY]	_[PR]
Full Name	(Last name	e first, if i	ndividual)									
Business or	Residence	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name of A	ssociated I	Broker or	Dealer									
States in W	hich Perso	n Listed I	Has Solicit	ed or Inte	nds to Soli	cit Purcha	isers					
(Check "A	All States"	or check	individual	States)	••••••	·····	••••••	•••••				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
וזמז	[CC]	remi	רואייו	(TV)	רד וידיז	rs/m	FX / A 7	[337 A 3	F337373	[XX/X]	[33/3/]	וממז

[SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

4	C. OFFERING I RICE, NOVIDER OF INVESTORS, EATENSES AND US		/3
1.	Enter the aggregate offering price of securities included in this offering and the total		•
	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		•
	Type of Security	Aggregate	Amount Already
		Offering Price	Sold
		\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
*	Convertible Securities (including warrants)	\$	\$
		\$	\$
	•	\$ 25,000,000	
	Total	\$ 25,000,000	\$ 5,005,000
	Answer also in Appendix, Column 3, if filing under ULOE.	23,000,000	<u> </u>
	Answer also in Appendix, Column 5, it filling under OLOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased		
	securities in this offering and the aggregate dollar amounts of their purchases. For		
	offerings under Rule 504, indicate the number of persons who have purchased securities		
	and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer		
	is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	43	\$4,805,000
	AT	5	\$ 200,000
	Total (for filings under Rule 504 only)		\$
			Ψ
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for		•
٠.	all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve		
	(12) months prior to the first sale of securities in this offering. Classify securities by type		
	listed in Part C – Question 1.		
	`	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	N/A	\$
	Regulation A	N/A	\$
	Regulation 504	0	\$0
	Total	0	\$ 0
	•		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution		
	of the securities in this offering. Exclude amounts relating solely to organization expenses		
	of the issuer. The information may be given as subject to future contingencies. If the		
	amount of an expenditure is not known, furnish an estimate and check the box to the left of		
	the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		•
			Ф
	Sales Commissions (specify finders' fee separately)		3
	Other Expenses (identify)	·	\$
	Total	M	\$ 50,000

1,2653	C. OFFERING PRICE, NUMBE	NOT HAVE STORS, EXPENSES AND US		CDDD	327 8 N. 14
	 Enter the difference between the aggre Question 1 and total expenses furnished difference is the "adjusted gross proceeds to the" 			\$_	24,950,000
5.	Indicate below the amount of the adjusted grobe used for each of the purposes shown. If furnish an estimate and check the box to the less listed must equal the adjusted gross proceeds Question 4.b above.	the amount for any purpose is not known, eft of the estimate. The total of the payments			
			Payments Officers Directors, Affiliate	, &	Payments To Others
	Salaries and fees	[] \$		□ \$	
	Purchase of real estate	[] \$ ⁻		_ ⊠ \$	17,500,000
	Purchase, rental or leasing and installation of a				
	Construction or leasing of plant building and f			D \$	
	Acquisition of other businesses (including the				
	offering that may be used in exchange for the			П «	
	pursuant to a merger)	<u></u>		片 🖫	
	Repayment of indebtedness			— 岗 🕏	6,875,000
	Other (specify: Consulting fees (\$525,000);			🖂 ".	0,075,000
	(\$50,000)				
		 \$		⊠ \$	575,000
	Column Totals			— ⊠ \$	24,950,000
	Total Payments Listed (column totals added).		⊠ \$_	24,950,000	_
	L. C.	. FEDERAL SIGNATURE			
he f vritt	issuer has duly caused this notice to be signed be following signature constitutes an undertaking been request of its staff, the information furnished 502.	by the issuer to furnish to the U.S. Securitie	es and Exc	hange Com	mission, upon
ssuc	er (Print or Type)	Signature		Date	
	tz Brazil Farm Fund Limited Liability Company	Loyl 9. Brown		10-26	-04
Vam	e of Signer (Print or Type)	Title of Signer (Print or Type)			
oyd	A. Brown	President of the Board of Directors			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).